

Affidavit of Domicile

Use this form to deposit securities for an estate account. An affidavit of domicile for each different security must be included. Use a copy of this form if necessary. Type on screen or fill in using CAPITAL letters and black ink. If you need more room for information or signatures, use a copy of the relevant page.

1. Decedent Information

Provide the legal address (domicile) of the Decedent at time of death. No PO Boxes.

Name of Decedent		Account Number
Address		County
City	State	ZIP/Postal Code
Date of Death MM DD YYYY	Number of Years the Decedent Resided at This Address Prior to Death	

2. Surviving Owner/Legal Representative Information

Provide the legal address of the Surviving Owner/Legal Representative. No PO Boxes.

Phone numbers are for questions about this request only; they will not update your Fidelity contact information.

Name of Surviving Owner/Legal Representative		
Address		County
City	State	ZIP/Postal Code
Evening Phone	Daytime Phone	Extension

Check one.

- ☐ Executor
☐ Administrator
☐ Surviving Owner
☐ Other

Describe

3. Signature and Date

By signing on the next page, you:

- Affirm that you are the Surviving Owner or Legal Representative of the Decedent listed in Section 1.
- Affirm that any and all debts, taxes, and claims against the estate have been paid or provided for.
- Understand and agree that this affidavit is made for the purpose of securing the transfer or delivery of property owned by the Decedent at the time of his/her death to a purchaser or the person or persons legally entitled thereto under the laws of Decedent's domicile, and that any apparent inequality in distribution has been satisfied or provided for out of other assets in the estate.
- Certify that the Decedent was not a resident of any state other than that of his/her domicile within the United States of America at the time of death.
- Certify that all information you have provided in this form is true, accurate, and complete.

Signature and Date continues on next page. ►►

3. Signature and Date, continued

Print Surviving Owner/Legal Representative Name	
Surviving Owner/Legal Representative Signature	Date MM DD YYYY
SIGN ▶	▶

Important Note: CA Notaries are permitted to submit a separate page notary document. If used, it must identify the document being notarized.

Notice to CA Residents: A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.	
Certificate of Acknowledgement of Notary Public <i>Must be a U.S. Notary. Foreign notary or consular seals may NOT be substituted.</i>	
State of _____, in the County of _____, subscribed and sworn to before me by the above-named Surviving Owner/Legal Representative who is personally known to me or who has produced _____ as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed, on ____/____/____.	
Print Notary Name	▼ NOTARY SEAL / STAMP ▼
Notary Signature	Date MM DD YYYY
SIGN ▶	▶
My commission expires ____/____/____.	